

Employee File Adjustment Form

Year-End Adjustments Only

Company # _____

State Code _____

Local Code _____

Employee Name _____ Employee # _____

TAXABLE ADJUSTMENTS

GROSS

FIT NTXBL

FIT TXBL

FIT TAX

EIC PAID

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

SIT TXBL

SIT TAX

LOC TXBL

LOC TAX

_____ . _____

_____ . _____

_____ . _____

_____ . _____

FICA ADJUSTMENTS

OASDI TXBL

OASDI TAX

HI TXBL

HI TAX

MED TXBL

MED TAX

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

COMPANY
OASDI TXBL

COMPANY
OASDI TAX

COMPANY
HI TXBL

COMPANY
HI TAX

COMPANY
MED TXBL

COMPANY
MED TAX

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

UNCOLLECTIBLE ADJUSTMENTS

UNCOLL OASDI

UNCOLL HI

_____ . _____

_____ . _____

DEDUCTION ADJUSTMENTS

DEP CARE

MED REIM

OPT LIFE

DEF COMP

PRE TAX

IMP LIFE

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

NON-RESIDENT ALIENS

_____ Employee is a non-resident alien employee and should be deleted from the year-end audit reports.

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FAX TO Year-End Coordinator @ (804) 225-3499